

2005 Start Smart Program

SANDY PARKS & RECREATION

CHILD / PARENT REGISTRATION FORM

OFFICE USE ONLY

RECEIPT # _____
 AMT. PAID _____
 DATE PAID _____
 RECEIVED BY _____
 Late Fee _____ Family Discount _____

Please be accurate and complete filling out this form. Failure to do so may cause serious inconvenience or injury.

Child's Name: _____ Gender ☐ M ☐ F
(First name) (Last Name) (middle initial)

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ School Attending: _____

Elementary school area player resides in: _____

Father or Guardian: _____ Phone (H) _____ (W) _____ (C) _____

Mother or Guardian: _____ Phone (H) _____ (W) _____ (C) _____

Parent/Guardian Signature _____ Date _____

Please indicate 1st choice with a #1 and 2nd choice with a #2

____ **Class 1:** Feb. 15, 22, Mar. 1, 8, 15, 22 **Day:** Tues **Time:** 10:00 - 11:00 a.m. **Cost:** \$20.00 **Ages:** 3-6 year olds

____ **Class 2:** Feb. 17, 24, Mar. 3, 10, 17, 24 **Day:** Thurs **Time:** 2:00 - 3:00 p.m. **Cost:** \$20.00 **Ages:** 3-6 year olds

____ **Class 3:** Feb. 23, Mar. 2, 9, 16, 23, 30 **Day:** Wed **Time:** 6:00 - 7:00 p.m. **Cost:** \$20.00 **Ages:** 3-6 year olds

No refunds after first date of class. \$10.00 of fee is non-refundable.

Start Smart Sports Development Program

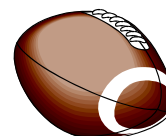
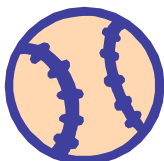
Ages: 3-6 years old

(Age as of January 1, 2005)



Start Smart is a great program for parents to spend time with their children and help prepare them for future participation in youth sports. The 6 day program focuses on general skills including: dribbling, throwing, catching, kicking, and batting. The class is taught in a safe, noncompetitive atmosphere that will help your child build confidence and most importantly have FUN! Registration includes manual, t-shirt, award, and equipment usage. **Parents are required to attend and participate at each class!** All classes are held at the Sandy Parks and Recreation Building (440 E. 8680 S.).

Registration begins January 10, 2005 (classes open until filled). You can register at the Sandy Parks and Recreation Building or online at www.sandy.utah.gov. Please call 568-2900 if you have any questions.



Please read, fill out & sign the consent form below

Sandy City Parks and Recreation

Start Smart Program

Informed Consent and Authorization

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/ activity described below.

Program / Activity Description

The Sandy Parks and Recreation Start Smart Program runs from Feb 15 - Mar 30, 2005 and utilizes Sandy City facilities. Classes are held on weekdays and weeknights . Participation in the Start Smart Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks and may include (1) minor injuries such as scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

Insurance

I understand that in order for my child to participate in the program/activity described above, I am ***required*** to have health insurance to cover injuries to my minor child arising from his or her participation in the above-referenced program/activity and that Sandy City does not carry medical or accident coverage for this purpose. I hereby represent that my child is and will be covered by the following health insurance:

Health Insurance Carrier: _____ Policy / Id. No.: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child's participation in the above-referenced program/activity.

Name of Child _____ Age: _____

Dated this _____ day of _____, 2005.

Restrictions on Player's participation (medical etc.) _____

Name of Parent
or Legal Guardian: _____ Signature _____
(Please print)

Parent Address: _____

Home Phone : _____ WorkPhone: _____ Cell Phone: _____

Person to Contact in case of emergency: _____ Phone No. _____
(Please Print)

Please fill out & sign the registration form above